Amendments to the Claims

Claims 1-83 (Cancelled)

Claim 84 (Currently amended):   A method for providing medical[[,]] coding comprising:

receiving a selection of a patient procedure code on a first computer the patient procedure code

associated with a procedure performed on a patient during a patient encounter;

receiving a selection of at least one diagnosis code on the first computer, the at least one

diagnosis code associated with at least one diagnosis of the patient performed during the

patient encounter;

linking the selection of the patient procedure code to the selection of the at least one diagnosis

code on the first computer;

storing a relationship defined by the linking wherein the relationship includes rank ordering of

the selection of the at least one diagnosis code linked to the selection of the patient

procedure code to thereby document the patient encounter.

Claim 85 (Previously presented):   The method of claim 84 further comprising electronically

sending patient data including the patient procedure code and the linked at least one diagnosis

code from the first computer to a second computer.

Claim 86 (Previously presented):.   The method of claim 85 further comprising displaying the

patient procedure code and the linked at least one diagnosis code on a display of the first

computer prior to the step of electronically sending.

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Claim 87 (Previously presented):   The method of claim 85 further comprising generating a patient bill at the second computer, the patient bill associated with the patient data.

Claim 88 (Previously presented):   The method of claim 84 further comprising associating the patient procedure code and the linked at least one diagnosis code with patient data including patient identifying information.

Claim 89 (Previously presented):   The method of claim 84 further comprising sending patient data, including patient identifying information to the first computer from a second computer prior to the steps of receiving a selection of a patient procedure code and receiving a selection of a diagnosis code.

Claims 90-91 (Cancelled)

Claim 92 (Currently amended):   A method for providing code-driven medical reporting, comprising:
receiving a selection of at least one diagnosis code on a first computer;
receiving a selection of a patient procedure code on the first computer;
linking the at least one diagnosis code in rank order to the patient procedure code such that a
        defined relationship between the patient procedure code and the at least one diagnosis
        code is maintained to thereby provide a record of a patient encounter.

Claim 93 (Previously presented):   The method of claim 92 further comprising generating a bill based on the patient procedure code and the at least one diagnosis code.

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Claim 94 (Previously presented):   The method of claim 84 further comprising generating a
patient bill based on the selection of the patient procedure code and the selection of the at least
one diagnosis code.

Claim 95 (Previously presented):   The method of claim 84 wherein the step of linking
maintains the defined relationship between the patient procedure code and the at least one
diagnosis code.

Claim 96 (Previously presented):   The method of claim 84 wherein the step of linking
maintains a record of the defined relationship between the patient procedure code and the at least
one diagnosis code.

Claim 97 (Previously presented):   The method of claim 84 wherein the defined relationship is
a care provider defined relationship.

Claim 98 (Previously presented):   A method for providing code-driven medical reporting for
billing purposes, comprising:
receiving a selection of a patient procedure code on a first computer;
receiving a selection of at least one diagnosis code on the first computer;
linking the selection of the patient procedure code to the selection of the at least one diagnosis
        code on the first computer, wherein the linking of the selection of the patient procedure
        code and the selection of the at least one diagnosis code provides for maintaining a rank
        ordered relationship between the patient procedure code and the at least one diagnosis
        code to thereby provide a detailed record of an encounter.

Claim 99 (Previously presented):   The method of claim 97 wherein each of the at least one
diagnosis code is an ICD-9 code.

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Claim 100 (Previously presented):   The method of claim 97 wherein the patient procedure code
          is a CPT code.

Claim 101 (Cancelled)

Claim 102 (Previously presented):   The method of claim 97 wherein a modifier is associated
with the patient procedure code.

Claim 103 (Previously presented):   The method of claim 97 wherein a unit value is assigned to
the patient procedure code.

Claim 104 (Cancelled)

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